

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/552795  
APPLICANT(S)

FILED DATE  
06 JUN 2006

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8		/				
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45		/				
46		/				
47		/				
48		/				
49		/				
50		/				
TOTAL IND.	4	↓	↓	↓	↓	
TOTAL DEP.	75	←	←	←	←	
TOTAL CLAIMS	79					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/				
52		/				
53		/				
54		/				
55		/				
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90						
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92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓	↓	↓	↓	
TOTAL DEP.		←	←	←	←	
TOTAL CLAIMS						